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October 30, 2019

Air and Toxics Technical Enforcement Program
Office of Enforcement, Compliance, and Environmental Justice
Environmental Protection Agency Region 8
Mail Stop: 8ENF-AT
1595 Wynkoop Street
Denver, Colorado 80202-1129

Clear
Creek

RE: Annual Compliance Report, 40 CFR Subpart OOOOa
CCRP Operating Inc.
Denver, Colorado

To Whom it May Concern:

Attached please find a completed Annual Compliance Report under 40 Code of Federal Regulations (CFR) §60.5420a (b). In accordance with 40 CFR 60.5420a(b)(11), this report is being submitted directly to Region 8. This report covers the reporting period of August 2, 2018 through August 1, 2019 and includes the following:

- The Subpart OOOOa draft report template, supplied by the US Environmental Protection Agency (EPA) via its website, containing the information specified in §60.5420a(b).
- A signed responsible official certification form.

Please contact me at (720)961-9100 or imyers@clearcreekrp.com if you have any questions or require additional information.

Sincerely,

(b) (6)

Ian Myers
Vice President, Operations

Responsible Official

Name: (Last) Myers (First) Ian (MI) _____

Title: VP Operation

Company Representing: CCRP Operating, Inc.

Street or P.O. Box: 717 17th Street, Suite 1525

City: Denver State: Colorado ZIP: 80202

Telephone (720) 961 - 9100 Facsimile (____) ____ - ____

Certification of Truth, Accuracy and Completeness (to be signed by the responsible official)

I certify under penalty of law, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

(b) (6)

Name (signed): _____

Name (typed): Ian Myers

Date: 10 / 30 / 2019

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(b) Annual Report
For each affected facility, an owner or operator must include the information specified in paragraphs (b)(1)(i) through (iv) of this section in all annual reports:

The asterisk (*) next to each field indicates that the corresponding field is required.

SITE INFORMATION										ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)				REPORTING INFORMATION		PE Certification	ADDITIONAL INFORMATION	
Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (\$60.5420a(b)(1)(i))	Facility Site Name * (\$60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (\$60.5420a(b)(1)(i))	Address of Affected Facility * (\$60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (\$60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (\$60.5420a(b)(1)(i))	Beginning Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Ending Date of Reporting Period.* (\$60.5420a(b)(1)(iii))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (\$60.5420a(b)(12)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
e.g.: ABC Company		e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e. (b) (9)		e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addinfo.zip or XYZCompressorStation.pdf
1	CCRP Operating Inc.	Cox 22-B # 1	05-123-41933	See alternative addre	N/A	N/A	Weld	CO	N/A	123/9E51	NENW Sec. 22 T12N R64N			8/2/2018	8/1/2019 N/A		N/A	N/A
2	CCRP Operating Inc.	Cox 22-B # 5	05-123-41935	See alternative addre	N/A	N/A	Weld	CO	N/A	123/9E51	NENW Sec. 22 T12N R64N			8/2/2018	8/1/2019 N/A		N/A	N/A
3	CCRP Operating Inc.	Meador 5-N # 4	05-123-42263	See alternative addre	N/A	N/A	Weld	CO	N/A	123/9E6F	SESW Sec. 5 T11N R63W			8/2/2018	8/1/2019 N/A		N/A	N/A
4	CCRP Operating Inc.	True Ranch Fee #502-105-123-47413		See alternative addre	N/A	N/A	Weld	CO	N/A	123/A070	NENE Sec. 23 T12N R65W			8/2/2018	8/1/2019 N/A		N/A	N/A

The asterisk (*) next to each field indicates that the corresponding field is required.

			§60.5432a Low Pressure Wells	All Well Completions	Well Affected Facilities Required to Comply with §60.5375a(a) and §60.5375a(f)														
Facility Record No. * (Select from dropdown list - may need to scroll up)	United States Well Number* (§60.5420a(b)(1)(i))	Records of deviations where well completion operations with hydraulic fracturing were not performed in compliance with the requirements specified in § 60.5375a. * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii))	Please provide the file name that contains the Record of Determination and Supporting Inputs and Calculations * (§60.5420a(b)(2)(iii) and §60.5420a(c)(1)(vii)) Please provide only one file per record.	Well Completion ID * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i))	Well Location * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Date of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Time of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Date of Each Attempt to Direct Flowback to a Separator * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Time of Each Attempt to Direct Flowback to a Separator * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Date of Each Occurrence of Returning to the Initial Flowback Stage * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Time of Each Occurrence of Returning to the Initial Flowback Stage * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Date Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Time Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Duration of Flowback in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Duration of Recovery in Hours * (Not Required for Wells Complying with §60.5375a(f)) (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Disposition of Recovery * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Duration of Combustion in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	Duration of Venting in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(ii)(A)-(B))	
e.g.: On October 12, 2016, a separator was not onsite for the first 3 hours of the flowback period.			e.g.: lowpressure.pdf or XYZCompressorStation.pdf	e.g.: Completion ABC	(b) (9)	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 5	e.g.: 5	e.g.: Used as onsite fuel		e.g.: 5	e.g.: 5
2 05-123-41935	N/A	N/A	N/A	COX005		7/3/2018 5:00 p.m.		7/10/2018, 8/11/2019	6:00 a.m., 11:15 pm	8/10/2019	6:03 PM	8/28/2019	6:00 AM	1026		864 ECD	864	0	
4 05-123-47413	N/A	N/A	N/A	True Ranch Fee #502-2326H		1/25/2019	12:53 PM	1/26/2019	4:13 PM NA	NA		2/25/2019	12:00 PM	742		714 ECD	714	0	

Exceptions Under §60.5375a(x)(3) - Technically Infeasible to Route to the Gas Flow Line or Collection System, Re-inject into a Well, Use as an Onsite Fuel Source, or Use for Another Useful Purpose Served by a Purchased Fuel or Raw Material													Well Affected Facilities Meeting the Criteria of §60.53				
Reason for Venting in lieu of Capture or Combustion * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Well Location * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(v))	Specific Exception Claimed * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(v))	Starting Date for the Period the Well Operated Under the Exception * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(v))	Ending Date for the Period the Well Operated Under the Exception * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(v))	Why the Well Meets the Claimed Exception * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(v))	Name of Nearest Gathering Line * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Location of Nearest Gathering Line * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Technical Considerations Preventing Routing to this Line * (§60.5420a(c)(1)(i)(A)-(B))	Capture, Reinjection, and Reuse Technologies Considered * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Aspects of Gas or Equipment Preventing Use of Recovered Gas as a Fuel Onsite * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Technical Considerations Preventing Use of Recovered Gas for Other Useful Purpose * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Additional Reasons for Technical Infeasibility * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A)-(B))	Well Location* (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A) and (C))	Date of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A) and (C))	Time of Onset of Flowback Following Hydraulic Fracturing or Refracturing * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A) and (C))	Date Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A) and (C))	Time Well Shut In and Flowback Equipment Permanently Disconnected or the Startup of Production * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(i)(A) and (C))
e.g. No onsite storage or combustion unit was available at the time of completion. N/A N/A	(b) (9)	e.g.: Technical infeasibility under 60.5375a(x)(3) N/A	e.g.: 10/16/2016 7/3/2018	e.g.: 10/16/2016 N/A	e.g.: As further described in this report, technical issues prevented the use of the gas for useful purposes. Lack of gas gathering infrastructure in the area. N/A	e.g.: ABC Line N/A	e.g.: 100 miles away at 34.12345 latitude, -101.12345 longitude 9 miles from affected facility. N/A	e.g.: right of use N/A	e.g.: on-site generators N/A	e.g.: gas quality N/A	e.g.: gas quality N/A	e.g.: well damage or clean-up N/A	e.g.: 34.12345 latitude, -101.12345 longitude N/A	e.g.: 10/16/16 N/A	e.g.: 10 a.m. N/A	e.g.: 10/16/16 N/A	e.g.: 10 a.m. N/A

/75a(a)(1)(iii)(A) - Not Hydraulically Fractured/Refractured with Liquids or Do Not Generate Condensate, Intermediate Hydrocarbon Liquids, or Produced Water (No Liquid Collection System or Separator Onsite)										Well Affected Facilities Required to Comply with Both §60.5375a(a)(1) and (3) Using a Digital Photo in lieu of Records Required by §60.5420a(c)(1)(i) through (iv)	Well Affected Facilities Meeting the Criteria of §60.5375a(g) - <300 scf of Gas per Stock Tank Barrel of Oil Produced		
Duration of Flowback in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A) and (C))	Duration of Combustion in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A) and (C))	Duration of Venting in Hours * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A) and (C))	Reason for Venting in lieu of Capture or Combustion * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(A) and (C))	Does well still meet the conditions of §60.5375a(1)(ii)(A)? * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(C)(2))	If applicable: Date Well Completion Operation Stopped * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(C)(2))	If applicable: Time Well Completion Operation Stopped * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(C)(2))	If applicable: Date Separator Installed * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(C)(2))	If applicable: Time Separator Installed * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(C)(2))	Are there liquids collection at the well site? Based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(iii)(C)(2))	Please provide the file name that contains the Digital Photograph with Date Taken and Latitude and Longitude Imbedded (or with Visible GPS), showing Required Equipment (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(vi)) Please provide only one file per record.	Well Location* (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(vi)(B))	Please provide the file name that contains the Record of Analysis Performed to Claim Well Meets §60.5375a(g), Including GOR Values for Established Leases and Data from Wells in the Same Basin and Field * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(vi)(A)) Please provide only one file per record.	Does the well meet the requirements of §60.5375a(g)? Based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. * (§60.5420a(b)(2)(i) and §60.5420a(c)(1)(vi)(C))
e.g.: 5	e.g.: 5	e.g.: 5	e.g.: No onsite storage or combustion unit was available at the time of completion.	e.g.: Yes	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: 10/16/16	e.g.: 10 a.m.	e.g.: No	e.g.: completion1.pdf or XYZCompressorStation.pdf	(b) (9)	e.g.: GORcalcs.pdf or XYZCompressorStation.pdf	e.g.: Yes
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for which Construction, Modification or Reconstruction Commenced After September 18, 2015 - 60.5420a(h) Annual Report

For the collection of fugitive emissions components at each well site and the collection of fugitive emissions components at each compressor station within the company-defined area, an owner or operator must include the records of each monitoring survey including the information specified in paragraphs (b)(7)(i) through (i) of this section in all annual reports.

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. *	Identification of Each Affected Facility *	Date of Survey *	Survey Begin Time *	Survey End Time *	Name of Surveyor *	Ambient Temperature During Survey *	Sky Conditions During Survey *	Maximum Wind Speed During Survey *	Monitoring Instrument Used *	Deviations from Monitoring Plan (If none, state none.) *	Type of Component for which Fugitive Emissions Detected *	Number of Each Component Type for which Fugitive Emissions Detected *	Type of Component Not Repaired as Required in § 60.5397a(h) *	Number of Each Component Type Not Repaired as Required in § 60.5397a(h) *	Type of Difficult-to-Monitor Component Monitored *	Number of Each Difficult-to-Monitor Component Type Monitored *	Type of Unsafe-to-Monitor Component Monitored *	Number of Each Unsafe-to-Monitor Component Type Monitored *	Date of Successful Repair of Fugitive Emissions Component *	Type of Component Placed on Delay of Repair *	Number of Each Component Type Placed on Delay of Repair *	Explanation for Delay of Repair *	Type of Instrument Used to Re-survey Required Components Not Repaired During Original Survey *
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	(b) (6)	e.g.: 90°F	e.g.: Sunny, no clouds	e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None	e.g.: Valve	e.g.: 0	e.g.: Valve	e.g.: 1	e.g.: Valve	e.g.: 1	e.g.: Valve	e.g.: 1	e.g.: 12/10/16	e.g.: Valve	e.g.: 1	e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera
1 and 2	Com 22-B # 1 and Com	8/28/2018	11:35	12:23		63 20% CLOUD COVER	2.5 FLIR GF320	NO DEVIATIONS	Thief hatch	NA	NA	2	NA	NA	None	NA	NA	NA	8/28/2018	NA	NA	NA	NA
1 and 2	Com 22-B # 1 and Com	2/27/2019	10:18	10:46		17 90% CLOUD COVER	6.2 FLIR GF320	NO DEVIATIONS	None	NA	NA	NA	NA	NA	None	NA	NA	NA	NA	NA	NA	NA	NA
3	Meander 5-N # 4	10/23/2018	12:34	12:58		51 80% CLOUD COVER	10.4 FLIR GF320	NO DEVIATIONS	None	NA	NA	NA	NA	NA	None	NA	NA	NA	NA	NA	NA	NA	NA
3	Meander 5-N # 4	2/27/2019	11:10	11:24		25 70% CLOUD COVER	6.9 FLIR GF320	NO DEVIATIONS	None	NA	NA	NA	NA	NA	None	NA	NA	NA	NA	NA	NA	NA	NA
3	Meander 5-N # 4	7/26/2019	10:45	11:31		87 50% CLOUD COVER	9.7 FLIR GF320	NO DEVIATIONS	None	NA	NA	NA	NA	NA	None	NA	NA	NA	NA	NA	NA	NA	NA
4	True Hatch Fee #502	5/6/2019	13:00	13:28		62 20% CLOUD COVER	7 FLIR GF320	NO DEVIATIONS	None	NA	NA	NA	NA	NA	None	NA	NA	NA	NA	NA	NA	NA	NA

OGI	Compressor Station Affected Facility Only	
Training and Experience of Surveyor * (B40.5420a)(5)(7)(ii)	Was a monitoring survey waived under § 401.5397(a)(5)(7) * (B40.5420a)(5)(7)	If a monitoring survey was waived, the subleaser must file that make up the quarterly monitoring period for which the monitoring survey was waived. * (B40.5430(a)(5)(7))
e.g.: Trained (themselves); completed 40-hour course at VET Training Center. Had 10 years of experience with OGI surveys.		
Subleaser Training Center (B40.53005) Since 2014	No	NA
Subleaser Training Center (B40.53005) Since 2014	No	NA
Subleaser Training Center (B40.53005) Since 2014	No	NA
Subleaser Training Center (B40.53005) Since 2014	No	NA
Subleaser Training Center (B40.53005) Since 2014	No	NA
Subleaser Training Center (B40.53005) Since 2014	No	NA